

2006 Japanese Exchange Program
Family, Career and Community Leaders of America, Inc./Kikkoman

Please include this form with the YFU application.

Applicant's name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Chapter name _____ School name _____

School address _____

City _____ State _____ Zip _____

School phone _____ School Fax _____

Principal's name _____ Advisers name _____

Type of FCCLA program (please check all that apply):

☐ Comprehensive

☐ Occupational

☐ Co-curricular chapter

☐ Out-of-class chapter

☐ Middle level chapter

Number of affiliated chapter members _____ Population of community _____ Total enrollment of school _____

2005-2006 Grade level _____ Number of membership years in FCCLA _____

Total years of Family and Consumer Sciences instruction completed at the end of this school year _____

List Family and Consumer Sciences courses and grade level when taken _____

LIST YOUR PARTICIPATION AND OFFICES HELD IN FCCLA, AND CONTRIBUTIONS TO THE FAMILY AND CONSUMER SCIENCES PROGRAM IN THE LEVELS BELOW.

Local

District/Regional

State

National

How will your involvement in FCCLA help you with living in Japan for six weeks? _____

Are you planning on attending the 2006 National Cluster Meetings? Yes _____ No _____

All information submitted is correct to the best of my knowledge. (Please sign below)

Student _____ Date _____

Chapter adviser _____ Date _____